

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/551350

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16			C	C		
17						
18						
19						
20						
21						
22						
23						
24			C	C		
25						
26						
27						
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45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52					C	C
53					1	(1)
54					1	1
55					1	1
56					1	1
57					1	1
58					1	1
59					1	1
60					1	1
61					1	1
62					1	1
63					1	1
64					1	1
65					1	1
66					1	1
67					1	1
68					1	1
69					1	1
70					1	1
71					1	1
72					1	1
73					1	1
74					1	1
75					1	1
76					1	1
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84					1	1
85					1	1
86					1	1
87					1	1
88					1	1
89					1	1
90					1	1
91					1	1
92					1	1
93					1	1
94					1	1
95					1	1
96					1	1
97					1	1
98					1	1
99					1	1
100					1	1
TOTAL IND.						
TOTAL DEP.					5	5
TOTAL CLAIMS					33	33